Seattle City Employees' Retirement System
720 Third "Avenue, Suite 900, Seattle, Washington 98104, Telephone: (206) 386-1293, Fax (206) 386-1506

Date:	
Name:	
Subject: RETIREMENT SYSTEM MEMBERS	HIP – EXEMPT EMPLOYEE
City Employees' Retirement System. Enrollme may elect membership at any time during your the first day of the pay period in which SCER	Service System, you may elect to become a member of the Seatt in the Retirement System is optional for exempt employees. You employment with the City. Your membership effective date will S receives this form properly completed. Your membership datect to become a member, the election is IRREVOCABLE , and you
If you worked for the City as an exempt employing may purchase retirement service credit for that service credit in a lump sum at the time you retain	
additional information, please contact the Re Retirement Office are accepted for making app	it to the Retirement Office (mail stop PB-09-01). If you nectirement Office at (206) 386-1293. Only forms received at thication for membership.
Please indicate your choice by marking the app	
the election is PERMANENT and IRREVOCA	o in the Seattle City Employees' Retirement System. I understant I. I. also understand if I have elected membership in the ed contribution deductions will begin as soon as possible.
$\hfill \square$ I do not elect membership in the Seattle City	Employees' Retirement System at this time.
DATE:	SIGNATURE:
SS#:	DEPT:
EMPLOYEE #:	TITLE:
DATE OF BIRTH:	WK PHONE: